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(Re	equestor's Name))
(Ac	ldress)	
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(Cil	ty/State/Zip/Phon	ne #)
<u></u>	☐ WAIT	<u> </u>
(Bu	ısiness Entity Na	me)
(Do	ocument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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SECRETARY OF STATE DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Se Division of Co			
SUBJECT: Tota	Tile Creations (Name of Limited	"LLC" d Liability Company)	······································
The enclosed Articles o	f Organization and fee(s) are s	abmitted for filing.	
Please return all corresp	ondence concerning this matte	r to the following:	
Justin	Matthew Dieck	Name of Person)	
	Tile Creations		
	hill:p Smith Ro	,	
Middle	ourg / Florida (City)	32068 (State and Zip Code)	
	concerning this matter, please		
Justin Diec	k	at (904) 282-09	72
(Name	of Person)	(Area Code & Daytime To	
Enclosed is a check for	or the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is	s:
Total Tile Creations "LC"	
(Must end with the words "Limited Liability Company, "Lim	nited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	
The mailing address and street address of the	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
4290 Phillip Smith Rd Middlebura, FL 32068	4290 Phillip Smith Rol Middleburg, FL 32068
Middleburg, FL 32068	Middleburg, FL 32068
ARTICLE III - Registered Agent, Registere	ed Office. & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

business entity with an active Florida registration.)

ARTICLE I - Name:

Name

1290 Philip Smith Rd

Florida street address (P.O. Box NOT acceptable)

Middleburg FL 32068

City, State, and Zip

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

histin M Dinh Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

SECRETARY OF STATE DIVISION OF CORPORATIONS

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
"mgR"	Justin Matthew Dieck 4290 Phillip Smith Road Middleburg, FL 32068
(Use attachment if necessary)	
LEV: Effective date, it other than	n the date of filing: (OPTIONA ust be specific and cannot be more than five business day
ffective date is listed, the date mu	·
ffective date is listed, the date mudays after the date of filing.) REQUIRED SIGNATURE:	M. Duel ember or an authorized representative of a member.

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation

Filing Fees:

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)